

<010> Study Area Code	488014
<015> Study Area Name	Triangle Communication System, Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Timothy E. Welch
<035> Contact Telephone Number: Number of the person identified in data line <030>	2023211448 ext.
<039> Contact Email: Email of the person identified in data line <030>	welchlaw@earthlink.net

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040> <input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<050> <u>C # @</u> (complete attached worksheet)	<050> <input checked="" type="checkbox"/>
<060> Coverage and Performance Report (complete attached worksheet)	<060> <input checked="" type="checkbox"/>
<070> Urban Rate Comparability Certification (complete attached certification)	<070> <input checked="" type="checkbox"/>
<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)	<input checked="" type="radio"/> <input type="radio"/>
(If yes, complete the attached worksheet)	<080> <input checked="" type="checkbox"/>
<090> Project Update Information (complete attached worksheet)	<090> <input checked="" type="checkbox"/>
<100> Certifications	
<101> Reporting Carrier Certification (complete attached certification)	<101> <input checked="" type="checkbox"/>
<102> Agent Certification (complete attached certification)	<102> <input type="checkbox"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carrier Contact FormFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 2 of 8

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Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001637222
<111>	Filing Carrier Name	Triangle Communication System, Inc.
<112>	Winning Bidder Carrier Name	Triangle Communication System, Inc.
<113>	Street Address (or PO Box)	Box 1220
<114>	City	Havre
<115>	State	MT
<116>	Zip-Code	59501-1220
<117>	Telephone Number	4063947807 ext.
<118>	Fax Number	4063947801
<119>	Email Address	grainey@itstriangle.net

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Timothy E. Welch
<121>	Filing Carrier Name	Triangle Communication System, Inc.
<122>	Street Address (or PO Box)	1025 Connecticut Ave NW #1000
<123>	City	Washington
<124>	State	DC
<125>	Zip-Code	20036
<126>	Telephone Number	2023211448 ext.
<127>	Fax Number	3016222864
<128>	Email Address	welchlaw@earthlink.net

Authorized Agent Information

if no agent, indicate in this box

☒

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

(060) Coverage and Performance Report

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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<039>	Contact Email Address - Email Address of person identified in data line <030>	welchlaw@earthlink.net
<140>	Coverage and Performance Report Year	07/2014 - 06/2015

Coverage and Performance attachments

488014_CPRd_MT_Triangle_Broadband.zip,
488014_CPRd_MT_Triangle_Voice.zip

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				-- See attached worksheet						
				--						

Percentage of Total
Population Reached by
ServicePercentage of Total
Road Miles covered
by Service

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Triangle Communication System, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/30/2015
Printed name of Authorized Officer:	Gail Rainey
Title or position of Authorized Officer:	Asst. General Manager
Telephone number of Authorized Officer:	4063947807 ext.
Study Area Code of Reporting Carrier:	488014 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	welchlaw@earthlink.net

<142> State MT

Blaine

<143> County _____

Fort Belknap Indian Community

<144> Tribal Land(s) on which ETC Serves _____

488014_TLRa5_MT.pdf

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

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<039>	Contact Email Address - Email Address of person identified in data line <030>	welchlaw@earthlink.net

<200>	Date Authorized to Receive Support	07/18/2014
<201>	Targeted Completion Date	07/18/2016
<202>	Total Mobility Fund Support Awarded	650000.00
<203>	Total Mobility Fund Support Disbursed	216666.67

<210>	Actual Completion Date	
-------	------------------------	--

<211>	Project Status Description (attached)	488014_PSD_MT.pdf
-------	---------------------------------------	-------------------

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:**Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Triangle Communication System, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/30/2015

Printed name of Authorized Officer: Gail Rainey

Title or position of Authorized Officer: Asst. General Manager

Telephone number of Authorized Officer: 4063947807 ext.

Study Area Code of Reporting Carrier: 488014

Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(060) Coverage and Performance ReportFCC Form 690
Approved by OMB
OMB Control No. 3060-1185

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<039> Contact Email Address - Email Address of person identified in data line <030> welchlaw@earthlink.net
<140> Coverage and Performance Report Year 07/2014 - 06/2015

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
	MT	Blaine	1007	4	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	1177	5	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	1188	8	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	1189	15	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	1190	95	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	1195	97	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	1196	7	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	1216	7	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2051	5	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2069	3	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2078	3	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2079	2	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2083	5	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2090	6	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2104	4	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2107	6	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2113	149	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2114	60	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2121	28	0	0	0.0	0.0	0.0	Yes
	MT	Blaine	2123	78	0	0	0.0	0.0	0.0	Yes

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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<141>									
<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
MT	Blaine	2125	3	0	0	0.0	0.0	0.0	Yes
MT	Blaine	2133	12	0	0	0.0	0.0	0.0	Yes
MT	Blaine	2134	10	0	0	0.0	0.0	0.0	Yes
MT	Blaine	2152	38	0	0	0.0	0.0	0.0	Yes

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

PROJECT STATUS FCC FORM 690 (June 30, 2015)
Triangle Communication System, Inc. (TCS)
FRN 0001673222

1. Executive Summary:

TCS has completed construction of the two cell sites to its B Band cellular network (KNKQ439) which were required to meet its Tribal Mobility Fund buildout obligations. The two sites fill in difficult to service areas within TCS's authorized CGSA and enable provision of 3G service using EvDO technology to the Tribal Land population. Construction completion was well in advance of the two year buildout period allowed by the Commission's rules. TCS is currently working with its field engineering team to prepare the necessary filing which will demonstrate adequate 3G coverage so that Tribal Mobility Funding can be disbursed to TCS.

2. Network Design:

TCS built two towers (at Hays, Montana and at Lodge Pole, Montana; each site is in Blaine County, Montana) and TCS installed 3G equipment at those two locations to serve the pertinent Tribal Land POPs necessary to satisfy TCS's Tribal Mobility Fund Auction buildout commitment. These two sites are located in the foot hills of the Little Rocky Mountain Range located on the Ft. Belknap Reservation (Blaine County, Montana) and both sites are located on Ft. Belknap Tribal Lands located in Blaine County. TCS deployed 3G service using EvDO technology at both sites using its existing licensed B Band 800 MHz Cellular License KNKQ439 within the 2 year Tribal Mobility Fund buildout timeframe allowed by the Commission's rules. KNKQ439 Loc. 3 (Zortman) is located in Phillips County, Montana but the Zortman site is located very close to the border with Blaine County and the CGSA from the Zortman site completely covers the service area generated by the new Hays and Lodge Pole transmission sites. Thus, TCS did not require any additional FCC authorization to construct the Hays and Lodge Pole transmission sites.

The network design phase has been completed. The budget cost for the Network Design phase of the project was \$3,585.00.

3. Construction and Deployment:

TCS acquired the necessary land and permitting, including Tribal authorizations, and TCS prepped the site locations as is customary in such construction activity. The actual budget cost for this phase of the project was \$63,936.67. (\$40,000 estimated in the 2014 FCC Form 680 application).

TCS completed the tower and transmitter building foundations for the Hays and Lodge Pole sites as of (Lodge Pole) June 11, 2014 and (Hays) July 3rd, 2014. The actual budget cost for this phase of the project was \$131,941.77. (\$240,000 estimated in the 2014 FCC Form 680 application).

Towers were stacked and shelters were put in place by July 23, 2014. Commercial power, generator backups, shelters, towers, backhaul provided by TCS's parent LEC Telephone Company, grounding, lines and antennas placed on the towers, security fences secured and

electronics installed in the shelters were completed by (Lodge Pole) January 26, 2015 and (Hays) February 23, 2015. The actual budget cost for this phase of the project was \$676,892.36 (\$640,416.44 estimated in 2014 FCC Form 680 application).

TCS is currently working toward integrating the two sites into its network. Both sites have been powered on and tested. Testing/proofing the two sites continues as TCS works toward preparing the necessary engineering studies which are needed to show provision of an adequate level of 3G service in the Tribal area. The estimated budget cost for this phase of the project is \$1,627.47 (\$16,000 estimated in the 2014 FCC Form 680 application).

4. System/Network Maintenance:

Because the two new sites at Hays and Lodge Pole are integrated with TCS's existing 800 MHz B Band network, discrete system/network Maintenance for the two sites will be incremental and marginal. Additional annual fixed cost maintenance expenses for the two planned sites are estimated to be \$36,000.

5. Budget:

Due to the geography of the Little Rocky Mountains, and the close proximity to the Tribal Land eligible areas, only two site locations were required to cover 75% of the Tribal Land population areas. The Lodge Pole site estimated budget was \$490,000 in the FCC Form 680 application and the actual construction cost was \$417,570.69. The Lodge Pole site is located on the North end of the Little Rocky Mountains. The Hays site estimated budget was \$450,000 and the actual construction cost was \$460,411.14. The Hays site is located on the West side of the Little Rocky Mountains.

There are no surplus funding issues because the actual total project cost exceeds the funding monies to be disbursed from Auction 902. TCS hereby certifies that it has or will cover any shortfall between the amount funded and the actual construction costs.

- Network Design
 - \$3,583.56
- Site Acquisition, Construction, and Deployment
 - Site Acquisition and Site Prep--\$63,936.67
 - Towers and Buildings Foundations--\$131,941.77
 - Shelter and Tower Acquisition; stacking; power, fences etc.--\$676,892.36
 - Testing and System Integration--\$1,627.47
- Total Project Budget
 - \$877,981.83 (\$940,000 estimated in the 2014 FCC Form 680 application)
- Total Funding Request at Auction
 - \$650,000
- Projected Annual System /Network Maintenance Expenses for the Two Sites
 - \$36,000 (not included in the Total Project Budget because it's not a buildout item)

ATTACHMENT 5
TRIBAL ENGAGEMENT NOTIFICATION
TRIANGLE COMMUNICATION SYSTEM, INC.

Triangle Communication System, Inc. hereby certifies under penalty of perjury the following:

Triangle Communication System, Inc. contacted the appropriate Tribal government about its winning bid on or before March 7, 2014. The contact was made by letter signed by Triangle Communication System, Inc.'s General Manager/CEO (Richard Stevens) and was delivered to the President of the Fort Belknap Indian Community Council by First Class United States Mail, postage prepaid. Most recently during the Week of March 24, 2014 representatives of Triangle Communication System, Inc. met with representatives of the Fort Belknap Indian Community Council to discuss various matters including service to Tribal anchor institutions; 3G mobile coverage needs; reviewing/revising rates and service plans tailored to Tribal needs; lifeline assistance for eligible low income Fort Belknap Reservation residents; cultural monitoring during construction; compliance with Tribal Employment Rights requirements; and compliance with business license operating requirements for contractors working on the Tribal Reservation.

The discussions outlined above follow a number of prior discussions which have taken place between Triangle Communication System, Inc. and the Fort Belknap Indian Community Council since 2013. The earlier discussions focused on finding feasible site locations to ensure that the needed sites were optimally placed to provide service to areas where coverage is needed the most and to meet the 75% Tribal Land population service coverage requirement. Triangle Communication System, Inc. has obtained the necessary rights of way and site permits from the Fort Belknap Indian Community Council and Triangle Communication System, Inc. has completed the Fort Belknap Indian Community Council's environmental and cultural review processes. Triangle Communication System, Inc. made no commitment, public or otherwise, to construct any transmitter sites, or to provide any of the services at issue in this application, by December 31, 2012.



[USAC Home](#) | [High Cost Program](#) | [Search Tools](#) | [Form 690](#)

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Tue 30 Jun 15 03:11:52 PM EDT by grainey@itstriangle.net .

SAC : 488014

SPIN : 143040852

Carrier Name : Triangle Communication System, Inc.

Program Year : 2015

Filing Type : Annual Reporting

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

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